



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5743

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.   |                                   |   |  |  |                                      |                                 |
|--|---|--|--|--|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| 10/535,172   | 05/16/2005<br>RULE  | 707  | 2146   | 1890-0249  |                                   |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Ramakrishnan Venkata Subramanian, Singapore, SINGAPORE;<br>Deepak George, Singapore, SINGAPORE;<br>Gulam Mohamed, Singapore, SINGAPORE; |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/SG02/00268 11/15/2002  |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>   |   |  |  |  |                                   |   |  |  |                                      |                                 |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and Acknowledged  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>/SCOTT M SCIACCA/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>SINGAPORE   | <table border="1"> <tr> <th>SHEETS DRAWINGS</th><th>TOTAL CLAIMS</th><th>INDEPENDENT CLAIMS</th></tr> <tr> <td>1</td><td>15</td><td>4</td></tr> </table> | SHEETS DRAWINGS                   | TOTAL CLAIMS                                | INDEPENDENT CLAIMS   | 1  | 15                                   | 4                               |
| SHEETS DRAWINGS  | TOTAL CLAIMS  | INDEPENDENT CLAIMS                                       |  |  |                                   |   |  |  |                                      |                                 |
| 1  | 15  | 4  |  |  |                                   |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>MAGINOT, MOOR & BECK<br>111 MONUMENT CIRCLE, SUITE 3000<br>BANK ONE CENTER/TOWER<br>INDIANAPOLIS, IN 46204<br>UNITED STATES                |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <b>TITLE</b><br>Data switch and method of operating the data switch  |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>1100   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |  | <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> |  | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees  |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees (Filing)  |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)   |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees (Issue)   |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____   |   |  |  |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Credit  |   |  |  |  |                                   |   |  |  |                                      |                                 |